See instructions on back of certificate.

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. TION is very important. V. S. No. 1 ST. Bates)

STATE	OF	MARYL	AND-	-CERTI	IFICAT	E	OF	DEA	TH
-------	----	-------	------	--------	--------	---	----	-----	----

1. PLACE OF DEATH	1581
County Clesh,	Registration Dist. No. 92
Village or City Eletton.	No. Union Hospital St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) 1. ds. How long In U.S. if of foreign birth? 74 yrs. 4 mos. 17 ds.
2. FULL NAME Proble Nazartton A	yars.
(a) Residence no Church Hosbital	St. Ward.
Beild Farm (Usual place of abode) Elk	from. Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DEPORCED (write the word)	21. DATE OF DEATH Feb (Month) (Dey) (Year)
HUSBAND of Course Agars, (ar) HIFE-of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Settings 30, 186	I last saw h eive on File 15, 1936; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atAM
14 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chrome metalital haplants
9) Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and)	•
Charlet .	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Meston Ayass.	
13. NAME MESTON HYGAS.	Name of operation
(State of country) Control X Villes	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ON OLD State Towns of 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or couplry)	Accident, suicide, or homicide?
Ant Augus	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Ellton - ma-	opening whether mighty occurred an industry, in nome, or in robest rende.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place AIVELVIEW SEM Date CD, 1990	Nature of injury
19. UNDERTAKER 24. W. Pappin & Son Prikany	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Elkson Maryland	If so, specify Herbert Bote
20. FILED 7/6 , 1936 & Franch Trange Registrar.	(Signed) M. D. (Addess) Seller and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- 2 -	1	STATE C	F MARYLAND-	CERTIFICATE OF DEATH 582	
infor- state UPA-	1.	PLACE OF DEATH		53/4	
		County Ceril	1.10.	Registration Dist. No.	
should of OCC		Village or City ory hou	PASIS 17.10	No St	Ward
-1	\		// //	death occurred in a hospital or institution, give its NAME instead of street and number	
NS nt		Length of residence in city/or town where d	leath occurred flyrs,Tmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
Every [CIAN] tement	2.	FULL NAME / 10200	a yranaw	June 9 6.3. Veteran, specify WAR 100 m	
KD. Every YSICIANS statement		(a) Residence: No. Jory	he Coart, Kir	Ward.	
N P		DEDCOMM AND CTATICT	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
RECO 7. PH Exact	32SEX	PERSONAL AND STATISTI	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	1/11	ala Lilli A	OR DIVORCED (write the word)	TIM 2/ 193	6
NENT CTLY sified.	Yuu	married, widowed, or divorced	ange.	(Month) (Day) (Y	Year)
Z O H	l l	HUSBAND of (or) WIFE of		22. HEREBY CERTIFY. That I ettended deceas	ed from
RMA X A class	-	(01) 1112 01	£11 10.0	1 1933 to Yelly 221 1	9036
	6. DA	TE OF BIRTH (month, day, and year)	1.16,1918	I last sawh are alive on Tuly 3 4 , 1936; deat	th is said
	7. AGI	E Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above at 2.7.9.4.m.	
IS A F stated properl		// 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	olonset
TIO .	NO	8. Trade, prolession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	West Ball		
HIS he he y be k of		SAWYER, BOOKKEEPER, etc	nov-20 j.	(wongs Darenna Spoulder	
Should it may n back	SX.	work was done, as SILK MILL, SAW MILL, BANK, etc.		J. January	
INK sh it on	200	O. Date deceased last worked at this occupation (month end	11. Total time (years) spent in this	JOAN - GAMMAN	
		year) (Month end	occupation	01-0-11-0	
NFADING oplied. AGI erms, so tha instructions	12. BI	IRTHPLACE (city or town) Jors Me	Coast J.F.D.	Other Camtributary Causes of importance:	10
AD sd.		(State or country)	ma,		
NE plie rm nst	E 1	3. NAME Howard J.	Barnes Sr.		
rh CNFA y supplied lain terms, See instri	FATHER	4. BIRTHPLACE (city or town) Loss	he Caset, J. F. H.	Name of operation	
	-	(State or country)	men	What test confirmed diagnosis? _ A _ MY _ JAM. Was there an autops	nho
WITH efully in plai	MOTHER 1	5. MAIDEN NAMET LOVENCE	Saw lingo	23. Il death was due to external causes (VIOLENCE) fill In also the following:	
	0 1	6. BIRTHPLACE (city or town)	we Voset Cit, W	Accident, suicide, or homicide? Date of injury, 1	19
AINLY, Id be cal DEATH y import	Σ	(State or country)	ma.	Where did injury occur? (Specify city or town, county and State)	
ADE DE	17. IN	FORMANT Howard	J. Barnes	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
Should OF D	10.0	(Address) Sorthe 1	Esset her N. F. W.		
E S ES	18. 80	Place A Sylvin OR REMOVAL	100 tel. 24 1036	Manner of Injury	
nation CAUSI	1:	11-10 (7.4)	, 13	Nature of injury	
TI Cha	19. UI	NDERT AKER OF CALL	erson f	24. Was disease or injury in any way related to occupation of deceased?	W.
B.	-	(Address) Jerry will	by gen.	If so, specily	1
z (T	20. FI	un / 124 //100 6 KG	Trauders	(Signed)	7 M. D.
	20. 11	LED	Registrar.	(Address)	ni

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EUREAL			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state KD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. LALY, WITH

-WRITE PLA

N. B.

V. S. No. 1

Exact statement of OCCUPA-

	MARYLAND-	CERTIFICATE OF DEATH	1583
1. PLACE OF DEATH County		Registration Dist. No.	95
Village or City Consum	(If	No	St., Ward
Length of residance in city or town where daeth		ds. How long in U.S. If of foreign blrth?yrs.	
	Laday Desis	If U.S. Veteran specify WAR	*
(a) Residence: No.	(Usual place of abode)	St., Ward.	or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF D	
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH	193 6
Temale / Cegro 12	kiduwed)	(Month) (Da)	y) (Year)
5e. If marriad, widowad, or divored Husband of (or) WIFE of Leagen It.	Berry	22. HEREBY CERTIFY, That Nov. 18 1934 to Fale	1 attended deceased from
6. DATE OF BIRTH (month, day, end year) 27. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at \$\int_1 = 50 \text{.m.}\$ The PRINCIPAL CAUSE OF DEATH end related causes of Impo	, 19.22 ; death is seld
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	mesures)	ware as follows: her workage	Date of onsat
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	- home		
10. Date decaasad last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)	ingg of	Other Contributory Causes of Importanca:	
13. NAME Gide of B	ady,		
14. BIRTHPLACE (city or town) 14. State or country)	Carly	Name of operation Wat tast confirmed diagnosis? Wa	
# 15. MAIDEN NAME Mary Jan	rei Berry	23. If deeth was due to externel causes (VIOL ENCE) fill in also t	
16. BIRTHPLACE (city or town) (State or country) Many	and	Accident, suicide, or homicide? Date of In	
17. INFORMANT (Addrass) 14.30 34 Levent	Vit. Chester P.	(Specify city or lown, cou Spacify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18 BURIAL, CREMATION OF REMOVAL MO	ate Feb. 22, 1936	Mannar of injury	
- I want		24 Was disease or injury in any way releted to occupation of de	account? MD

thington Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

If so, specify

(Signad)

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
404#	or mirror word and rollowst	DOM: NOT THE
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
PAY SHOULD	Other contributory causes of importance:	10 may 11 m
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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MARGIN RESERVED FOR BINDING	ONFADING
2	WITH
	PLALAY,
. No. 1	N. BWRITE PLAKAY, WITH ONFADING INK-THIS IS A PERMANENT RECAD. Every item of infor-
N .	ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH 1584
County Circl Co-	Registration Dist. No. 95
Village or City Rowlandswille	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,m	osds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. Rowlandsville Geello. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 - 22 - ,193 6 (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Fund 15 1912	
7. AGE Years Month Days If LESS than I day,hrs	to have occurred on the date stated above, at 2.3 o Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: Date of one land of the Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Sugal for sold Enging
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1/30 Laint
this occupation (month and 1936 spant In this occupation	Other Contributory Causes of Importance:
(State or country)	
13. NAME Raymond Brown	
14. BIRTHPLACE (city of town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy
15. MAIDEN NAME amelia Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury 2/20, 1936 Where did injury occur?
17 INFORMANT And Prown Olom	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL Place The Tar Md = Data FM 26 193	Manner of Injury
LE Types	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER	If so, specify \(\begin{align*}
(Address) Jung Sun Ma	(Signad) Sleenley D Jeffus

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	and the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

SIAIL OF	MARILAND	CERTIFICATE	OF DEATH 15	85
County Deep	amori &	Lastital "-a	Registration Dist. No.	92
Village or City Elplos	(1)	No. f death occurred in a hospital or institut	St.	Ward
Length of residence in city of fourn where deeth		sds. How long in U.S. If of		
2. FULL NAME / over	D. Brown		×	
(a) Residence: No	(Usual place of abode)	St.,Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CE	ERTIFICATE OF DEAT	Н
male white of	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Heb, 29 es	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of OCI WIFE of HUSBAND OF OCI WIFE OCI	Leibins Brown	22. File DO	CERTIFY, That I atlent	ded deceased from
6. DATE OF BIRTH (month, day, end year) Thu	rch 5 1865	I last sew h enalive on	412b 296 19	3 6, death is seid
7. AGE Yeers Months	Days If LESS then 1 dey,hrs.	to have occurred on the date stated		
70 //	29 ormin.	The PRINCIPAL CAUSE OF DEATI	H and related causes of importence	Date of onset
8. Trade, profession, or parlicular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	red Severel Murey	V Proneko	Prenosoma	2/25/36
SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	Ochum	Other Contributory Causes of impor	Trippe	1/20/06
13. NAME John B	rown.			
14. BIRTHPLACE (city or town) (State or country)	nd	Name of operation	Date	of
1	1.1.00		Was there	
	Comprese.	23. If death wes due to externel caus		
16. BIRTHPLACE (city or town) (State or country)	MANNE	Where did injury occur?	Date of injury	
17. INFORMANT Mrs Mollie 1 (Address) Alforday	P Brown		(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Morch 3, 1936	Manner of injury		
19. UNDERTAKER HW Ciffon & Sor (Address)	s Inc.	24. Was disease or injury in any wa	y related to occupation of deceased	no
20. FILED Mar 3 1936 + 300	and Fraga	(Signed)	16 Anight	M. D.

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Gallstones	May 1,1923	Gastroenteritis	1 year
			,

ż

PLACE OF DEATH	STATE OF MARYLAND
County acil	CERTIFICATE OF DEATH
Efkton	Registration Dist. No. 92
Village or City (mun) / fasfulatino.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME William &	Brown stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH 776.22 - , 1926
Male While a OR DIVORCED (Write the word) Labour	(Month) (Day) (Year)
6 DATE OF BIRTH Wife Honor MCOntin	17 I HEREBY CERTIFY, That I attended the deceased from
ang 18 1856	786 7 - 1926. to 186. 22 -, 1926.
(Month) (Day) (Year)	that I last saw hamalive on 7 10 2 2 , 192.6.
7 AGE [If LESS than	and that death occurred on the date stated above, at 7,, 2, m.
79 yrs. 6 mos. 4 ds. or min.	The CAUSE OF DEATH * was as follows:
/ 7 yrs. 6 mos. 4 ds. or min.?	
Ta) Trade, profession or 10 (-1, 4,	more myranus
particular kind of work Newwo Harmus (b) General nature of industry	Fracture due to accidental fall stelle
business, or establishment in which employed or (employer)	on ich Coust R. (Durstion) yrs. mos ds.
9 BIRTHPLACE	Contributory Imparted Frustine of
(State or country) Delaware	leff Frum (Quration) yes france. de.
10 NAME OF FATHER 1. ohn Brown	(Signed) Jan Jan M. D.
0 11 BIRTHPLACE	192 (Bittess) ZEMONT Zeg
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Savah Campbell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmos. /5 _ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
0 001 101 101	Former or usual residence Cherry Hill (Flkton R 5) Md
(Informant) Was Willet Mother	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Elkhi Md	Cherry till Cemeling Let 25, 1934
15 Filed 725 1923 (of Frank Frager	20 UNDERTAKER ADDRESS
Registrar	Dus Florence & Whimathy Elkhow Hold
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary froman, etc. But in many cases, especially in industrial employments, it is neceswhatever, write Nonc. tired 6 business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsmon, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, 20 For many occupations a single word or term on yrs). Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dipiliheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Capproved by carbolic acid-probably suicide. The nature of the injury. "Debility" ("Congenital," "Senilc," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tetapus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemic" (merely symptomuse of "Tumor" for malignant neoplasms); Mcasles; Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease chopncumonia (secondary), affection need etc. The contributory valvular heart Nomenclature of the Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19. UNDERTAKER A.LU.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1587 infor-1. PLACE OF DEATH 50 000 item of plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred How long In U.S. if of foreign birth?_____yrs.____mos._ statement CORD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL classified. (Year) BINDING If merried, widowed, or divorced HUSBANO of (or) WIFE of That I attended deceased from ~ M 6. DATE OF BIRTH (month, day, end year) A certificate properly 7. AGE Years FOR Months If LESS then Davs stated 1 dayhrs. or____min. 8. Trede, profession, or particular kind of work done, as SPINNER, NONE SAWYER, BOOKKEEPER, etc. CCUPATION RESERVED Jo back plnods may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... uo 10. Date deceesed last worked at 11. Total time (years) this occupation (month and spent in this that occupation _____ instructions Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town). ARGIN (Stete or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (Stete or country) should be carefully What test confirmed diagnosis?. ----- Was there an autopsy?_ MOTHER important. 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town Accident, suicide, or homicide? (State or country Where did injury occur? _. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. yery OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of Injury CAUSE mation LION Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

24. Wes disease or injury In any

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I	-	Example II	
The principal cause of de of importance were as follows:	ith and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	GOOD STATE	July 5,1927	Peritonitis	3 days ago
and the same of th	BOKISKO VI			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

RECORD

	INLY,	Merchan
		1
	WRITE	B Every Item
₽	3	very
V. S. No.		
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TYSI-	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
ated EXACTLY, Ploperly classified.	Village or City Chlin, Julya Le 2FULL NAME Clark - hus	Registration Dist. No. 92 Registration Dist. No. 92 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be sta y be pre ack of	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH COMMON (Month) (Day) (Year)
CE shoul hat it ma ons on b	6 a) TE OF BIRTH 2 , 1863 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That pattended the deceased from 1936 to 1936 that I last saw is benefit on file 1936, 1936
opiled. ACE stress that instructions	7 AGE 72 yrs. 4 mos. 7 de. or min.?	and that death occurred on the date stated above, at
efully sup in plain te tant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos de
d be caref DEATH in ry importa	9 BIRTHPLACE (State or country) Darling ton	Contributory Secondary (Durstion) yrsds
Should E OF I	FATHER James Wallam 11 BIRTHPLACE Darlington	*State the Disease Causing Death, or, in deaths from
CAUS	(State or country) many land 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
Platform occur	13 BIRTHPLACE Darlington of MOTHER (State or country) may land	At place of death
shoun ent of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
Every its CIANS statement	(Address) Elector Mayland	19 PLACE OF BURIAL OR REMOVAL HOSama Cemetry Hosama Cametry Hospinglon med Fiby 22, 1936
BE	15 Filed Let 21 1926 Baun Frager Replistrar	H. W. Pippie Elkton Int
z(7	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (** state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATER gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Housemaid, etc. Foreman, For many occupations a single word or term on especially in industrial employments, it is neceshome, who are engaged in the duties of the yrs). Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in (b) Automobile foctory. The materia (a) the kind of work and also (b) the If the occupation has been changed Laborer-Architect, Solcsman, (b) -Coal mine, etc. Wom-Locomotive engineer, Grocery,

s; inal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same discase. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis time and pneumonia, Bronchopneumonia causation), using always the same accept-("Pneumonia,

> Capproved American Medical Association.) .(Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Teldnus) may be stated under the head of "contributory." causing death), 29 ds.; L. shopncumonia (secondary) stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping State cause for which surgical operation was under-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJUNY interstitial nephritis, resulting from childbirth or miscarriage as by Committee on cough; Chronic and consequences (e.g., sepsis affection need etc. valvular heart Nomenclature The contributory Always qualify all "Shock, not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

1936

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u>a</u>	
County Cecil		Registration Dist	No 94
The state of the s	st md	No.	
Village of City of potent Cot	(1)	death occurred in a hospital or justitution, give its NAME ins	ead of street and number)
Length of residence in city or town where de	eath occurredyrsmos	ds. How long in U.S. if of foraign birth?	_yrsds.
2. FULL NAME	Want Culle	y	
(a) Residence: No.	7	St., Ward.	
(a) Residence. No.	(Usual place of abode)		city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3. SEX 4. COLOR OR RACE Male What	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH File (Month)	S ,193 6 (Year)
5e. If merried, widowed, or divorced HUSBAND of		· · · · · · · · · · · · · · · · · · ·	(1001)
(or) WIFE of		1 HEREBY CERTIFY.	Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1.0 5 1936	I last saw hat says etiya on 34.5.	1536: death is said
7. AGE Years Months	Deys If LESS then	130-	_m.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reteted ceuses of	
8. Trede, profession, or perticular	ormin.	were es follows:	Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	r	Mineralina	
Industry or business in which	۰		
work was done, as SILK MILL, SAW MILL, BANK, etc.			
O 1D. Dato decaesed last worked et this occupetion (month and	11. Total time (years) spent in this		
yeer)	ocau pation	045-10-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	
12. BIRTHPLACE (city or town) 77 and	East	Other Contributory Causes of Importance:	
(State or country)	nd a		
# 13. NAME Newman	If Culley		
13. NAME / Luman 14. BIRTHPLACE (city or town)	The Each	Name of operation	Date of
(State or country)	md.	What test confirmed diegnosis?	
E 15. MAIDEN NAME Doris	m itchell	23. If death was due to external causes (VIOLENCE) fill in	
15. MAIDEN NAME Doris 16. BIRTHPLACE (city or town) Have	de Leace	Accident, suicide, or homicide? Dete	
Steta or country)	m.d	Where did injury occur?	or mjary, 13
Mer Mas	et Oulle	(Specify city or town Specify whether injury occurred In INDUSTRY, in HOME,	a, county and State)
(Address)	the and Midt	opony michiel injury occurred in industric, in nome,	OF HIT ODEIC FEACE,
18. BURIAL, CREMATION, DR REMOVAL	on carry prove	Manner of injury	
Plece NATUR Cast. M. E.	Date Jeb 6 , 1936	Nature of injury	
Inval Q G	20.10		of documents
19. UNDERTAKER (Address)	Ext	24. Was disease or injury an any way related to occupation	or deceased?
2 5/21	111	If so, specify (Signed)	T
20. FILED 27 36, 19 Jug	W. Quens		M. D.
	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AR 2 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Language date of a confidence	e cuptos P			
Other contributory causes of importance:		Other eontributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u></u>			

V. S. No. 1

1. PLACE OF DEATH County Allege or City And Annual Property Length of realizance in city or town where death occurred. If yes, and year in the country Length of realizance in city or town where death occurred. If yes, and year in the country yes. Length of realizance in city or town where death occurred. If yes, and year in the country yes. Length of realizance in city or town and State Country And Annual Country Annual	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1590
Village or City. Parts Defeats No. 1. Langth of residence in city or town where death occurred. If yes, mos. 2. FULL NAME (a) Residence: No. Personal And Statistical Particulars 3. SEX 4. COLOR OR RACE (Chast place of shock) Personal And Statistical Particulars 3. SEX 4. COLOR OR RACE (A) S. SINCLE, MARKED, WIDOWED, Williams (b) Williams (c) No. Personal And Statistical Particulars 3. SEX 4. COLOR OR RACE (Chast place of shock) (Chast plac	1. PLACE OF DEATH	
Village or City. 1870 Support In the residence in city or town where death occurred. 19 yrs	County level	Registration Diet No. 91
Length of residence in city or town where death occurred 19 yrs most ds How long in U.S. If of foreign birth? yrs most decided bows of the U.S. If you long in U.S. If of foreign birth? yrs most decided doceased from Control of the U.S. If you long in U.S. If of foreign birth? yrs most decided deceased from Control of the U.S. If you long in U.S. If of foreign birth? yrs most decided deceased from U.S. If you long in U.S. If of foreign birth? yrs most deceased from the date deteed deceased from the Act of the dsteed deceased from the Act of the dsteed deceased from the Act of the dsteed deceased from the Act of the U.S. If you not not you have you long in U.S. If you not you not you have you ha	Village or City Port Dehosit	N Company of the Comp
2. FULL NAME (a) Residence: No. Port Charleton of whole) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARKIED, WIDOWED OR WORKER DOWNORD So. If married, widowed, or divorced (ref.) wilfe of the profession, or particular 7. AGE Years Month Days 1 (LESS than to have occurred on the date stated above, et		If death occurred in a hospital or institution, give its NAME instead of street and number) 15
(a) Residence: No. Por Ochanal (Cital place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SYNCLE, MARRIED, WIDOWED, OR DYORCED Funce the word) Sa. It married, widowed, or divorced (top) wife or di		ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKELD, WORKED ON DYORCED	(a) Residence: No. Pox Dupout	St., Ward.
3. SEX 4. COLOR OR RACE OF SINGLE, MARRIED, WIDOWED, OR BYOACED write the word) 4. SI IT married, widowed, or divorced (cg) wife feet of conversed or single feet of conversed or single feet or single	PERSONAL AND STATISTICAL PARTICULARS	
13. HE BEBY CERTIFY that attended deceased from Markey Brown 1986 Date of BIRTH (month, day, and year) 1886 Days If LESS than 1985 R. Trade, profession, or particular 1887 R. Trade, profession, or particular 1888 R. Trade, profession, or particular 1889 R. Trade, profession,	The OR DIVORCED (write the word)	21. DATE OF DEATH Ebruary 4- 193 6-
T. AGE Veers Wonder 1 day. hr. or. min. 1 hr. PRINCIPLA CAUSE OF DEATH and related causes of importance were as fallows: 1 deep as	HUSBANU OF	(loar)
T. AGE Veers Wonder 1 day. hr. or. min. 1 hr. PRINCIPLA CAUSE OF DEATH and related causes of importance were as fallows: 1 deep as	6. DATE OF BIRTH (month, day, and year) Aural 15-18 % 6	Hast sawh ex alive on Fell - 7 - 1936
8. Trade, profession, or particular versus of importance were as follows: Note of the profession of particular versus of importance were as follows: Note of the profession of particular versus of importance versus of importance. 19. Journal of the country of the profession of the prof		, ueaul 15 Said
Sawyer, Bookkeper, etc. 9, Industry or business in which work was done, as SINK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 19, 33 10, AND WINDER Control of inpury 10, Industry or business in which work was done, as SILK MILL SAWYER, BOOKKEPER, etc. 19, 33 10, AND WINDER Control of inpury 20, FILED 10, When did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 10, What test confirmed diegnosis? 10, What test confirmed diegnosis? 11, Informant What Lest confirmed diegnosis? 12, Infarthy Lest city or town 13, NAME 14, BIRTHPLACE (city or town) 15, BIRTHPLACE (city or town) 16, BIRTHPLACE (city or town) 16, BIRTHPLACE (city or town) 17, Informant 18, BURIAL CELINATION 18, BURIAL CELINATION 19, Date of Lest control 19, 33 10, Date of		
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this occupation (month and spent in this occupation 12 12 13 14 15 15 16 16 16 16 16 16	< 1> 9. Industry or husiness in which	1933
12. BIRTHPLACE (city or town)	this occupetion (month and spant in this	
13. NAME Seace Peston 14. BIRTHPLACE (city or town) Rusing Sung Name of operation Date of (State or country) The state of country 15. MAIDEN NAME Seace Peston What test confirmed diagnosis? Was there en au'opsy? 16. BIRTHPLACE (city or town) Rusing Sung Accident, suicide, or homicide? Date of Injury (State or country) Where did, Injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Post Season Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Signed) Manner of deceased? No (Signed) Manner of deceased? No (Signed) Manner of Ma		
What test confirmed diegnosis? Was there en au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Riairy Sun (State or country) 17. INFORMANT Errest Preston (Address) Port Deposit, M. 18. BURIAL, CREMATION, OR REMOVAL Place (Address) Port Deposit, M. 19. UNDERTAKER (Address) Post Sun (Address) M. D. 19. UNDERTAKER (Signed) M. D. 19. UNDERTAKER (Signed) Post Sun (Address) Post Sun (Address) M. D.		-
What test confirmed diegnosis? Was there en au'opsy? 16. BIRTHPLACE (city or town) Right Support State or country) 17. INFORMANT Crest Preston (Address) Port Separt May Support Sup	14. BIRTHPLACE (city or town) Rising Sun	Name of operation Date of
Where did Injury occur? (Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of Injury Place of County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? No. If so, specify (Signed) M. D. (Address) M. D. (Address)		What test confirmed diegnosis? Was there en au'opsy?
Where did Injury occur? (Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of Injury Place of County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? No. If so, specify (Signed) M. D. (Address) M. D. (Address)	E 15. MAIDEN NAME ACCORD	
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18. BURIAL, CREMATION, OR REMOVAL Plate of injury 19. UNDERTAKER (Address) Address (Address) 19. Was disease or injury in any wey related to occupation of deceased? No. (Address) (Signed) (Address) Manner of injury Nature of injury (Signed) (Signed) Manner of injury Nature of injury (Signed) (Address) Manner of injury Nature of injury (Address) Manner of injury Nature of injury (Address) Manner of injury Nature of i	17. INFORMANT Errest Preston	(Smarifur aites and days
Piables Matter glass from the fill 9, 1936 Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any wey related to occupation of deceased? No. 1 f so, specify (Signed) (Signed) (Address) M. D. (Address)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
19. UNDERTAKER (Address) 24. Was disease or injury in any wey related to occupation of deceased? No If so, specify (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	. / / . / . A . / / / / / / / / . / / . / / . / / . /	
20. FILED 2 - 1986 (Signed) (Address) Park L'Epocit M. D. (Address) Park L'Epocit Med	19. UNDERTAKER & Typin	
	On Jang Jun. 11th	K A I (Case a)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	=		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days If LESS than 7. AGE Months to have occurred on the date stated above, at 1 dey ... The PRINCIPAL CAUSE OF DEATH and related causes of Importence r____min were as follows: Date of onset 8. Trede, profession, or perticular NO kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. Industry or business in which 9 work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Totel time (years) this occupation (month and spent in this occupation ... Other Contributory Canses of Importance: 12. BIRTHPLACE (city or town (State or country) FATHER Name of operation. 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME D23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?___ 16. BIRTHPLACE (city or town (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of Injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURDAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	2000 300 400	

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLA

V. S. No. 1 N. B. important.

TION is very

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1592
1. PLACE OF DEATH	(3) DO
County Cicil	Registration Dist. No. 9°2
Village or City Elkton	Nathinion Hospital St. Ward
3n (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mos.	ds. How long In U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME Thomas Maxwell	treld
(a) Residence: No. Elfston	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	dreb- 16 1936
ie. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Many Field	22. HEREBY CERTIFY, Thet I attended deceased from
(4)	1930 W 10 07 16 16 1936
5. DATE OF BIRTH (month, day, end yeer) Q 4 /877	I last saw h live on The 1934; death is seld
7. AGE Years Months Deys If LESS than 1 dayhrs.	to have occurred on the date steted above, et
58 4 16 Tay,nrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Irede, profession, or perticular Telegraph of perdamental wind of work done, es SPINNER, seem 18.13 ey	Porterior spinal
SAWYER, BOOKKEPER, etc. 1213 24	sclussis 1936
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at 200 / 11. Total time (years)	
this occupation (month end 1/932 spant in this occupation	
12. BIRTHPLACE (city or town) Wilmington Del	Other Contributory Causes of Importance:
(Stete or country) Delaware	now. I varant
13. NAME Win C. Field	
14. BIRTHPLACE (city or town) Darby Township	Neme of operation Date of
(State or country)	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Josephine 2 Janney	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Day Viete	Accident, suicide, or homicide? Dete of Injury
(State or country) Many land	Where did injury occur?
17. INFORMANT Randolfh Field (Address) Elector and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Elector Country Date 7 18, 1936	Neture of injury
19. UNDERTAKER 27. Within	24. Was diseese or injury in eny way related to occupetion of deceased?
(Address) Elkton and	If so, specify
2/18. 21/7 22-00	(Signed) (M. Mariabre M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAD 4 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	Common definition of the common of the commo				
Other contributory car	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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Filed 2- 21-36

should be stated EXACTLY, PHYSi-RECORD Every item of information should be carefully supplied ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN X IS I UNFADING INK---THIS WRITE P

	1593
PLACE OF DEATH	STATE OF MARYLAND
County Cleal	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Moth Cost (No.	St: Ward) (If death occurred i
2FULL NAME Mary C Finn	tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale White (Write the word)	16 DATE OF DEATH # 19 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That rettended the deceased from
(Month) (Day) (Year)	that I last saw he alive on Joen 10 , 1936
7 AGE If LESS than	and that death occured on the date stated above, at
77 7 4 dayhrs.	The CAUSE OF DEATH * was as follows:
g occupation ds or min.	Chronic endo carelles
(a) Trade, profession or particular kind of work	
(b) General nature of industry ousiness, or establishment in	75
which employed or (employer)	(Duration) yrs mas d
9 BIRTHPLACE (State or country)	Contributory Lucius Secondary
1 10 NAME OF	(Duration) yrs mos d
FATHER Gea Rambo	(Signed) HI LONGO MI
OF FATHER (State or country) Newark, Delaway	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury. and (2) whether Accidental, Suicidal or Homicidal.
of Mother Mary a McClane	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) To information	of deathyrsmosds. Stateyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) () earl time	usual residence
120 16 0 20 0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, addross State Registrar, 16 W Saratega St., Balto, Requesting V. S. No. 1.

Registras

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (0) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oeen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (restate oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,"" Manager," "Dealworked on may form part of the second statement. whatever, write None. borer, Farm laborer, Laborer—Coal mine, etc. Wom-For many oecupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crdup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia");

> (sccondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases ean be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping approved by Committee on Examples: Accidental drowning; Struck by railway train American Medical Association.) elanus) may be stated under the head of "contributory" Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Sorcomu., etc., of " Shock,

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A it he data is essential and must be obtained before the certificate is permanently filed.

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stated EXACTLY, P properly classified. PERMANEI BINDING should that K FOR supplied UNFADING INK--THIS MARGIN RESERVED in pla D 0

HOLL

1	
PLACE OF DEATH	STATE OF MARYLA
County Ceul	CERTIFICATE OF DE
County Ceul	Registration Dist. No.
Village or City Elpton (No. Un	7/ 74- ^
Village or City Cyclor (No. XVIII	wultospelose Ward) a hospital
2 FULL NAME CISTES D. Don	tion, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Debruary (Day)
6 DATE OF BIRTH	HEREBY CERTIFY, That attended the
april /9 1931	diet 10 1936 100 00 10
(Month) (Day) (Year)	that I last saw h signalive on Heb 10
7 AGE [If LESS than	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
7 yrs. 7 mos. ds. or min.?	Tobar preumone
(a) Trade, profession or particular kind of work	/
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs.
9 BIRTHPLACE 0 404 10 /	Contributory 915 information
(State or country)	(Durstion)yrs
10 NAME OF	Or D Marsian
FATHER Curlis & Tond	Del 12 2/ SOb to
M 11 BIRTHPLACE	Het 13 1986 (Address) Elkton,
of FATHER (State or country)	*State the Disease Causing Death, or, in de Violent Causea, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER norman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) (Its // Lefo // ()	of death yrs mos ds. State yrs Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(t. 7 4)	Former or usual residence Narth East RFD Md
(Informant) Lusus O Tio	19 PLACE OF BURIAL OR REMOVAL DATE OF
(Address) Cla new Md	1. M. 1. C. TE ORN. 14 7.11
	20 UNDERTAKER ADDRESS
15 Filed 726/3 1926 4 Amusi pager	1 . all 1 1 -10

if more blanks are needed, address State Registrar, 16 W. Sarafoga St., Baito., Requesting V. S. No. 1.

OF MARYLAND

ICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME In-stead of street and number.)Ward)

attended the deceased ollows:mos......ds, deaths from (2) Whether Death, or, in of Injury and Hospitals, Institutions, Trans-In the State DATE OF BURIAL

WRITE

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of eupation is very important, so that the relative healthwhatever, write Nonc. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return" Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Grocery;

Typhoid faver (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-; inal meningitis"); Diphtheria (avoid use of "Croup"); pneumonia, Bronchopneumonia ("Pneumonia,

> tclanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fraeture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely State eause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, ean be ascertained as the cause. Whooping the immendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronic chopneumonia (secondary) etc. The contributory affection need valvular heart Always qualify all disease; not be

permanepily filed. answeed in detail, it will prevent further correspondence. data is If this certificate is looked over thoroughly and all questions essential and must be obtained before the certificate is All the

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	150:
. —				2 7 7 4 7 7

1. PI	LACE OF DE	ATH				82-5		153;	1)
C	county Cecil						Registration Di	ist. No. 9	2
V	illage or City	Childs, Md			No. a	lues	House	St	Ward
L	ength of residenca in	city or town where d	laath occurred t	vrs mos	f death occurred in	a hospital or institu	ution, give its NAME in	nstead of street and	number)
	JLL NAME					on long in 6. 6, 11	or roteign bilth:)13	10805.
	a) Residence: No.		James Fr	esman	0.4	10: J	×		
(a) Residence. No.	· · · · · · · · · · · · · · · · · · ·	(Usual place o	f abode)	St.,	ward.	If nonresident giv	ve city or town and	d State
	PERSONAL A	ND STATIST	CAL PARTIC	CULARS		MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. co	Black	s. single, marr or divorced unknown	(write the word)	21. DATE	OF DEATH	February (Month)	5th, 19	
5a. If ma	rried, widowad, or d	ivorced						(Day)	(Yeer)
	WIFE of	unknown	hor 13.	-1884			CERTIFY		
6 DATE	OF BIRTH (month,	day and year)					b.4th, 193		
7. AGE	Years	Months	unknown Days	if LESS than			ed ebove, at 8.00		; deeth is said
	52	3	1.4	1 day,hrs.	The PRINCIPA	L CAUSE OF DEAT	TH and ralated causas		
z 8. 1	rade, profession, or	particular		1 01	wara as follows	* .	riosclerosi	is	Date of onset
10	SAWYER, BOOKK	EEPER, etc.	Laborer		wit	h cerebra	al softing.		unknown
CCUPATION	ndustry or business work was done, a SAW MILL, BANK	in which							-
3 70.1	Data deceased last w	vorkad at	11. Total tin	ne (years)	-				
5	this occupation (n		spent occup	in this ation					
	HPLACE (city or tow State or country)	n)Rock	Hall, Md.		Other Coutribu	tory Causes of impo	ortanca:		
œ 13. N	IAME Ri	chard Free	man						
13. N		town) Un			Name of approx				
17.0	(State or country)		110000000000000000000000000000000000000						
₩ 15. N	AIDEN NAME	Unknown			1		ises (VIOLENCE) fill In		
15. N	IRTHPLACE (city or (Stata or country	town)	Unknown		Accident, suicid		Dat		
	MANT Pati	ent						wn, county and Sta E, or in PUBLIC PL	te) .ACE.
	AL, CREMATION, OR lace Carl	REMOVAL	Date Flat	8 ,19.36	Mannar of injur				
	RTAKER 07	With the	all	pu			ay raleted to occupation		No
20. FILED	Leb 7	,1936 \$ 5	baull J.	Kegistrar.	(Signed)	dress)	Plon-	ma	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-

STATE OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH . /	
County Clark	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME Winnie Gambell	NR - 43
(a) Residence: No. Outside White lof. Va. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH Flob 7 - 193 6 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and yeer) Lee. 25. 1918	I last saw h alive on, 19; death is said.
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at 2.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were a follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Mywe vy a fall
SAWYER, BOOKKEEPER, etc.	Section of the
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Juliu-a wally
11. Total time (years) this occupation (month and 2/1/36	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Sensing	
(State or country) \(\bar{n} \cdot \mathcal{b} \cdot \tau_{\tau}	-
13. NAME Samuel Gambell	
13. NAME Samuel Jambell 14. BIRTHPLACE (city or town) Stugills	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Miller	23. If death wes due to external causes (VIDL INCEX fill in also the following:
15. MAIDEN NAME Sarah Miller 16. BIRTHPLACE (city or town) White I oh. (State or country)	Accident, suicide, or homicide Congress Date of injury 2/1, 19.36
State or country)	Where did injury occur?
17. INFORMANT J. D. Genbell (Address) O Hood, Pa, Box 30(Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Lell for Sal
Place densery . N. O. Date - 11 , 1936	Nature of injury Mocture of Spull
19. UNDERTAKER J. E. Zypon	24. Was disease or injury in any way related to appropriate deceased?
(Address) Rising / Sun. md.	If so, specify any specify
20. FILED 2 8 , 1936	(Signed) Marrey Corone
Tourse MM Meller Men Registrar.	(Address) (Address) (Address) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset :		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitual nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
TAAN V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	DHYSICIAN
ADDITIONAL	STACE	run	runinen	STATEMENTS	DI	PHISICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA-County Cecil Jo plnods Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement PHYSICIAN If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH RE 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT Widows (Month) classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 1 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS than 7. AGE Years Months Days I day....hrs. or____min. 8. Trade, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ back may 9 Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.____ 11. Total time (years) /7 10. Date deceased last worked at this occupation (month and spent in this that occupation _____ instructions (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation ain (State or country) carefully What test confirmed diagnosis?_ ----- Was there an autopsy?----MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?.. ______ Date of Injury______ 19. im port 16. BIRTHPLACE (city or town DEATH (State or country) Where did injury occur? ___. should be (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION. Manner of injury -WRITE 2 DAUSE mation Nature of injury. NOI 19. UNDERTAKER (Address) If so, specify (Signed)

V. S. No. 1

(Address)

Registras

(Day)

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago	
Arteriosclerosis		1915	Attack of epilepsy		
Chronic interstitial nephritis		1921	Run over by street car		
Cerebral hemorrhage	MAR 4 1936	July 5, 1927	Peritonitis	3 days ago	
	wi's h				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

TION is very important.

rould be carefully supplied.

1. PLACE OF DEATH	3
County Cecil	Registration Dist. No. 2 92
Village Dr City Elllon	Nothward Hospital St. Ward
, 5 - (f death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence in city or town where death occurred yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Wargaret T / Hor	Ayear x
(a) Residence: No. Lefation	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Hefreay 23 1936
Ter White manual	(Month) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of 1004 Tovayear	04c6 21 ,1036 to 01 25 23 ,1936
6. DATE OF BIRTH (month, day, and year) July 12 1886	I last saw h 21 alive on A 25 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
49 7 1 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc.	Diabelis
SAWYER, BDDKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific property) specific property of the second sp	
3 SAW MILL, BANK, etc	
O this occupation (month and spant in this occupation	
Leo Assessin	Other Contributory Causes of Importance:
(State or country)	
1	Name of operation Date of
14. BIRTHPLAVE (city or town).	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Jewie Barber	23. If death was due to external causes (VIOLENCE) fill in also the following:
H was in the second of the sec	Accident, suicide, or homicide? Date of Injury, 19
5 16. BIRTHPLACE (city or town) 20 Townston	Where did injury occur?
Robert Granding &	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT / COURT TO A CANADA TO A CAN	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cheny Hill Mit Date Tily 27, 193	Nature of injury
10 HADESTANTO TH. W.P.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Elkton 2nd	If so, specify
20 FILED 2/26 1936 of Freuen Freezes	(Signed) W. Merusay M. D
20. FILED / 1900 Registrar.	(Address) Ellitor, Mich

-WRITE mation

N. B.

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15	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
		1 week ago
21		
~~	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	0	8 00
county Ceci	<i>l</i>	Registration Dist. No. 9
Village or City Zent	Tou	No. Miseon Harfulal St., W.
Length of residence in city or tow	n where death occurred VES	(If death occurred in a hospital of institution, give its NAME instead of street and number) mosds // How long in U.S. if of foreign birth?yrsmos
(10)	ale Ka	elfur
2. FULL NAME		St. Ward.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 6 193 (Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased
a pully of plant (Foly - 103	6 I jast saw h A alive on 2 - 6 1936; death is
6. DATE OF BIRTH (month, day, end yes 7. AGE Years M	onths Days If LEGS than	to have occurred on the date stated above, at A. J. m.
	1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trade, profession, or particular kind of work dona, as SPIN SAWYER BOOKKEEPER etc.	NER 21	XTILL Brown
SAWYER, BOOKKEEPER, etc	Stone	900
work was done, es SILK MII	LL,	
10. Date deceased last worked at this occupation (month and	11. Totel time (years) spant in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	un Nagelal	7
1 10	the interior	1 1 1 1 1
13. NAME Claude of 14. BIRTHPLACE (city or town)	new york 10	Name of opportunity of the Date of 2 16
(State or country)		What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Court 16. BIRTHPLACE (city or town)	ne Derthadendhe	23. If death wes dua to external causes (VIOLENCE) fill in also tha following:
	mase	Accident, suicide, or homicide? Data of injury, 19_
State or country)	· -U. 00 ·	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	inne Steffin	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA Place	our Date Fele 16 , 19 5	Manner of injury
19. UNDERTAKER 70		24. Was disease or injury in eny way related to occupation of deceased?
(Address)	00	If so, specify (Signed / Collars)
20. FILED Fale 16 1936		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CTATE OF MADY AND	CERTIFICATE OF REATH ACTIVITIES
STATE OF MARYLAND—	CERTIFICATE OF DEATH 16110
1. PLACE OF DEATH	(93°C) X
County eccl	Registration Dist. No. 79
Village or City / Pissing Sun	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurred	
2. FULL NAME Gasa Bell Suchie	L If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
female Mitile Buierce	(Month) (Day) (Year)
5e. If married, widowed, or disporced HUSBAND of	22. I HEREBY CERTIFY Theth attended deceased from
(or) WIFE of epshan W Suchrie	Jaw 2 3 136 4 18 may 8, 19 76
6. DATE OF BIRTH (month, day, and year) July . 2. 1872	last saw h. C. elive on Let P. 1926; death is seid
7. AGE Yeers Months Days if LESS than	to have occurred on the date stated above, et. Z. ISAm.
63 7 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade ninfession or particular	Chronic anocardition 1934
kind of work done, as SPINNER Hause Nuige	
andustry or business in which work was done as SILK MILL	
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 7804	
(State or country) formal Co. Hurginia	
13. NAME Paker Neerlas 14. BIRTHPLACE (city or town)	
(State or country) 2 Ployed Co Herdinia	Name of operation Oate of
œ	What test confirmed diagnosis?
15. MAIDEN NAME Sallie Herch in	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT WAS TO A CONTROL OF THE STATE	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alexander Suem May 18. BURIAL, CREMATION, OR REMOVAL	D
Place Brownseral Mobile Februs 1936	Manner of injury
167	Nature of injury.
19. UNDERTAKER J. Co. V. Asimp	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Pushing Sun Md,	If so, specify
20. FILED 2 -10 1936	(Signed) M.D.

Wagre blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINERU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1601
1. PLACE OF DEATH	108 ×
County Ceul	Registration Dist. No. 9
Village or City Cellede Cononento	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
· · · · · · · · · · · · · · · · · · ·	s. 2 ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Juginea Q. Al ag	and If U.S. Veteran specify WAR.
(a) Residence: No. Outside Conoungs	St., Ward. Conoungo R.D.
(Usual place of abody) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemal white Single (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) July 3 1935	i last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.15cm.
7 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were actions:
8. Trade, profession, or particular kind of work done, as SPINNER,	Lotar Pullunaura 716/2
SAWYER, BOOKKEEPER, etc	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this operation (month and	
10. Oate deceased last worked at this occupation (month and spart in this	
year) occupation	Other Contributory Causes of Importance;
12, BIRTHPLACE (city or town) Conounge	-
(State or country)	_
13. NAME Carl /8 agan	
13. NAME Call / ag an 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lular Pulston 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
Sulas Hagans	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,
17. INFORMANT (Address) Convoure Ma	- opens, motion many occurred in model to the manager in the occurred to the o
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
place le apart / woode flf2/, 1931	Nature of injury
19. UNDERTAKER C. Jyson,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pesing Sun Ma	If so, specify
20, FILED 2-25- 1936 P. Worthweston	(Signed) escorge un nuauf M. D
Registrar,	(Address) Charles Commen

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TELLY S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLACEY, WITH NFADING INK—THIS IS A PERMANENT REGION. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	
County Cecl	Registration Dist. No.
Village or City Port SEport	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city on town where death occurredyrsmos.	
2. FULL NAME / Tell Gorn J	tauley.
(a) Residence. No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Jebruary - 75, 193 6 - (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
Fol. 25-1936-	llast saw h. Im ahelad - 70 - 75 1956 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaprs Months Days If LESS than	to have occurred on the date stated above, at 9 At m.
5+11/ 130m. 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	61,1019
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	July Bom-
work was done, as SILK MILL, SAW MILL, BANK, etc.	De la
10. Date deceased last worked at this occupation (month and year)	Prolafose Winnerword.
Potrobact	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or couptry)	
E TOTAL STATE OF THE STATE OF T	Manage of a scalar
4. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Matte Chang Amith	What test confirmed diagnosis?
E TOWN THE STREET	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT D. Hawley (Address) / Bot D. Lawley	(Specify city or town, county and State) Specify whathar injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMODEL Place Variety City. Daje 7 '76 ,1936	Manner of injury
19. UNDERTAKER New Preston Hawley (Frather) (Addrass), Port Bebroid (R. F.D.)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/25- ,1936 120 Danders / Registrar.	(Signed) M. D.
	(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy S	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ! 986! 5 day	3 days ago
		111111111111	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CONFADING INK-THIS IS A PERMANENT REC

mation should be carefully supplied. AGE should be stated EXACTLY.

n plain terms, so that it may be

PHYSICIANS should state (D. Every item of infor-

Exact statement of OCCUPA-

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	
1	County Class	Registration Dist. No. 92
1	Village or City Elelon	NoSt.,Ward
1	Length of residence in city of town where death occurred 6.0 yrs	death occurred in a horpital or institution, give its NAME instead of street and number)
	2. FULL NAME George (1) Vinde	man
	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
	5a. If merried, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of Cernie M. Hendenen	I HEREBY CERTIFY, That I attended deceased from
e.	6. DATE OF BIRTH (month, day, and year) Way 16 1867	I last saw hair alive on for any [2, 19.36]; death is said
certificate	7. AGE Years OMonths Oays If LESS than	to have occurred on the date stated above, at
rtif	68 yes & Maryles 27 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and railured causes of Importance were as follows: Date of onset
of ce	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Janenelymalon Hephretis 1934
back	Industry or businass in which work was done, as SILK MILL,	Terminal Premion 3/10/36
q uo	SAW MILL, BANK, etc	Y .
	year) occupation - 34	Other Coatributory Causes of importanca:
ctic	12. BIRTHPLACE (city or town)	pp p
instructions	(State or country)	Mr. Yashihs
	13. NAME We Landman	
See	14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of
	<u>«</u>	What test confirmed diagnosis? Was there an au'opsy? US
tahi	E The state of	23. If death was due to external causes (VIOLENCE) fill in also the following:
por	State or country)	Accidant, suicide, or homicide?
E	17. INFORMANT Latter Lindman Laught	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
ery	(Address) Color W.d.	***************************************
is very	18. BURIAL, CREMATION, OR REMOVAL Junas	Manner of injury
	Place Chan Cemetery Data 2/15 ,1936	Nature of Injury
TION	19. UNDERTAKER Sarah Deen Moore	24. Was disaase or injury In any way related to occupation of decaased?
	(Address) Middleton, Del.	If so, specify
1	20. FILED Leb-12 196 to trans atrager	(Signad) James L. Johnson, M. D.
	Registrar.	(Midress) 2 3) Callery of Chiles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PLAINLY,

N. B.

CAUSE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING certificate. TION is very important. See instructions on back of

V. S. No. 1 m

STATE OF MADVI AND CEDTIFICATE OF DEATH

1604

1. PLACE OF DEATH	DI. MINK	ILAND	CERTIFICATE OF DEATH	
County Cooil			20 Projection Diet No. 99	
Village or City Elkton	HIN OUNFUNA	LE FIMILE AL.	Registration Dist. No. 92 No. Union Hospital St.,	Ward
			death occurred in a horpital or institution, give its NAME instead of street and r	number)
Length of rasidence in city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmo)sds.
2. FULL NAME Stillbo (a) Residence: No. & USY	(Usual place	owery of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. color or race White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb. 13 (Month) (Day)	, 193 6 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			1 HEREBY CERTIFY That I attended Jelo, 13 1936 to Jelo. 3	daceased from
6. DATE OF BIRTH (month, day, and year)	eb. 13, 19	936	l last saw h alive on	; death is said
7. AGE Years Months	Days .	If LESS than 1 day,hrs. ormin,	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			STILLBIRTH ,	Data of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			Prematunty	
10. Date deceased last worked at this occupation (month and year)	11. Total ti sper	ime (years) ntin this upation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Elkton (State or country)	, Md.		Other Continuary Cases of Importance.	-
13. NAME Page Davi	d Hower	1 ?		
14. BIRTHPLACE (city or town) Va • (State or country)			Name of operation	ulonsy?
	e Ella Tho	ompson	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town) (State or country)			Accident, suicide, or homicide? Data of Injury Where did injury occur?	, 19
17. INFORMANT(Address)			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Data	, 19	Manner of injury	
19. UNDERTAKER / Johnson (Address)			24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	TF- 7/26/3	4	(Signed) Mi Hard XI. Amelian	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
	Date of paset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	17/1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

mation should B.—WRITE PLA

V. S. Mo. ż STATE OF MARYLAND-CERTIFICATE OF DEATH 1605

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Cecil	Registration Dist. No. 97
Village or City Andara	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Elivered Marine John (a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurgic this word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Mary and the following of the	122. 1 HEREBY CERTIFY. That I attended deceased from 1935, to 2 - 10 - 1936, to 2 - 10 - 1936, death is said to have occurred on the date stated above, at 74.m.
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Balarial Harman	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of one et
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Causes of Importenca:
12. BIRTHPLACE (city or town) A language (State or country)	Dance
13. HAME Nathan James 14. BIRTHPLACE (city or town) Many Land (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME South Eligia Typon 16. BIRTHPLACE (city or town) Marty lamb (Stata or country) 17. INFORMANT MAR Thelen Jones (Address)	23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Chury Itell Combinate Hef 13, 1936.	Manner of Injury
19. UNDERTAKER Thorona Eller Island 20. FILED 7/12 , 1974 & Brane Foregar Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AR 4 1930	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar,

Registration Dist. No. No. St., Ward cath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Vear) 22. I HEREBY CERTIFY, That I attended deceased from (Year) 1 last saw h. A. alive on. 19 3. d., death is said to have occurred on the date stated above, at	159		
No. St., Ward leath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		Registration Dist. No.	92
St., Ward. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 1936, death is said to have occurred on the date stated above, at 2 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Other Coutributory Causes of importance: Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury.	No		St Ward
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY. That I attended deceased from 19.36. (I last saw h	death occurred in a hospital or institution		et and number)
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 1 HEREBY CERTIFY, That I attended deceased from 1936, to 1936 death is said to have occurred on the date stated above, at 2 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of enset Other Coutributery Causes of importance: Name of operation. Date of Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. Nature of injury. Nature of injury.	ds. How long in U.S. if of f	oreign birth?yrs	ds.
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 19 %, to 19 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occurred on the date stated above, at 2 %, death Is said to have occ	mson	21X-	
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	St.,Ward.		
21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 19. I last saw h. I alive on 19. I last saw h. I last saw			
1 1 1 1 1 1 1 1 1 1		RTIFICATE OF DEA	тн
I last saw h	21. DATE OF DEATH	Feb 10	100/0
I last saw h		(Month) (Day)	(Year)
I last saw h	224 I HEREBY	CERTIFY. That I at	ttended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset Other Coutributory Causes of importance: Name of operation What test confirmed diagnosis? Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Coutributory Causes of importance: Name of operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury	I last saw h_QAL_ alive on	, 1	9_34, death Is said
Other Contributory Causes of importance: Name of operation	to have occurred on the date stated	above, at 6 a.m.	
Other Contributory Causes of importance: Name of operation		and related causes of Important	
Name of operation	were as junous.	Not all requires	Date of onset
Name of operation	Gornal	exce.	
Name of operation	But	/C. '	
Name of operation			
Name of operation			
Name of operation	Other Contributory Causes of import	ance:	
Name of operation			
Name of operation			
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?, 19			
23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?			
Accident, suicide, or homicide?			
Where did injury occur?			
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury		Date of injury.	, 19
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury		(Specify city or town, county	and State)
Nature of injury	Specify whether injury occurred in I	NDUSTRY, in HOME, or in PUB	BLIC PLACE.
Nature of injury			
24. Was disease or injury in any way related to occupation of deceased?			
		related to occupation of decease	sed?
If so, specify		Hullman	41
(Signed) M.D.	-4	7. 4 M	T. SM. Dy
(Address)		SICN SU	

8

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (, E V E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NAD 4 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			E VIII I EV

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Dew	Registration Dist. No. 95
Village or City Penyulle	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	isds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. O staids of Rusing Sun (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED ("write the word) White Whose	21. DATE OF DEATH 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thomas Johnson	22. O HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) June, 4, 186(I last saw h. S. alive on Fet S. , 1976; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
74 8 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerat val Hymorhusel
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) occupation	
12. BIRTHPLACE (city or town) Outside of Reasing Sun,	Other Contributory Causea of Importance;
(State or country) MA.	- Merio torres
13. NAME fram Rea	
(State or country)	Name of operation Date of What test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME Emma Kennard	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Outside Kingy & and	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT, Cla Platon (Address) Plant Ill Ind	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REDIOVAL	Manner of injury
Place Francisco Pa, Date flt 8 , 1936	Nature of injury
19. UNDERTAKER Co. Tysin	24. Was disease or injury in any way related to occupation of deceased? 41
(Address) Resity Sun Ma	If so, specify 4
20. FILED 2 - 6 , 1936	(Signed) T. D. Meguer M. D.
Registrar.	(Address) fam a grace Zuc

B.—WRITE PL

ż

stated EXACTLY. PHYSICIANS should state

NFADING INK-THIS IS A PERMANENT RE

mation should be carefully supplied. AGE should be

FOR BINDING

MARGIN RESERVED

Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I 1936		Example II	•
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH JAFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
TEN APP	K-THIS	should be	t may be
N MED	DING IN	AGE s	so that i
WAL GI	NFAI	supplied.	n terms,
	Y, WITH	arefully	H in plai
	E PLAME	should be c	OF DEAT
1	-WRIT	mation	CAUSE

N. B.-WRITE PL

V. S. No. 1

See instructions on back of certificate.

TION is very important.

20. FILED

PHYSICIANS should state D. Every item of infor-

ed EXACTLY.

Exact statement of OccUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1608
1. PLACE OF DEATH	
county Cecil Co.	Registration Dist. No. 92
Village or City Elklow	No. Osage St. Ward
(If	death occurred in a horpita or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Moms Jones	χ
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH 2-1- 6
OR DIVORCED (nurite the word)	J EV 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Mongred C. Jones.	Jan 30, 1936, to Fel 6, 1936
6. DATE OF BIRTH (month, day, end year) July 10, 1958	I fast saw h elive on the 5, death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
78 6 27 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic hado conditio
SAWYER, BOOKKEEPER, etc.	and myseardile
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spant in this year)	
506+ 120	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Communication (State or country)	chroming Interstitual Replietie
13. NAME (voltary J. Jones 14. BIRTHPLACE (city or town) J. Carl Country (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Catherine In Culling. 16. BIRTHPLACE (city or town) Level Co., (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mr. John M. Carl	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Address) 18, BURIAL, CREMATION, OR REMOVAL	
Place Control Control Date 16. 9. 136	Manner of injury
1/10/20	Nature of injury
19. UNDERTAKER & who from & Son Inc.	24. Was disease or injury In eny way related to occupation of deceased?
(Address)	If so, specify

Registrar.

If so, specify (Signed)

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	- 1	Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		7915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	SUREAU V.	9.11		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE (OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ALL HARVEY	930 1609
County Clail Co	unter	Registration Dist. No. 92
Village or City Elhlor	Sud Route 3	No. St., Wa
Length of residenca in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME CLOSS	ie plecation	Kelley
(a) Residence: No.		St., Ward.
PEDGONAL AND CTATION	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	1	MEDICAL CERTIFICATE OF DEATH
W COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diversed. HUSBAND of	11.10.	
(or) WIFE of	reely	22. HEREBY CERTIFY, That I attended daceased fr
DATE OF BURTH (Sala-11 1682	1956, to 156 15 - 19 24
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h alive on 1994; death is s
80 5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	7/ A	were as follows: Date of on
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.		Chienie mands
< 1. 9. Industry or business in which	allerman	18 1 to the
work was dona, as SILK MILL, SAW MILL, BANK, etc	I sa marking ()	(annulymators)
this occupation (month and year)	11. Total time (years) spent in this occupation	
P.	occupation	Other Coatribatory Causes of importance:
(State or country)	y neen	
1	K & O O O O	In the state of th
.8.) Teller	
14. BIRTHPLACE (city or town) (State or country)	reg need	Name of operation
1	B Bull-	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
	12 13 140 ceris	23. If daath was due to external causes (VIOLENCE) fill In also tha following:
Stata or country)	Turk .	Accident, suicide, or homicida?
17, INFORMANT adam K. (Address)	elley	(Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	andriana.	Manage of Internal
Placa Hesley Chape	Date Tel 16, 1936	Manner of Injury
19. UNDERTAKER 38C+ e	llows	24. Was disease or injury In any way related to occupation of dacaased?
20. FILED Feb 14, 136 f	Bound Floger Registrar.	(Signed) (Address) Elli 24
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HI I PEAU V. S.			
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentritis	1 year

2. FULL NAME A County C	STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Village or City Village		
Length of rasidence in city or town where death occurred. Q. yrs. Q. moc. Q. d.s. How long in U.S. If diversing birth? yrs. mos ds. 2. FULL NAME THOMAS HERSEL Q. yrs. Q. moc. Q. ds. How long in U.S. If diversing birth? yrs. mos ds. 2. FULL NAME THOMAS HERSEL Q. yrs. Q. moc. Q. ds. How long in U.S. If diversing birth? yrs. mos ds. 2. FULL NAME THOMAS HERSEL Q. yrs. Q. moc. Q. ds. How long in U.S. If diversing birth? yrs. mos ds. 3. SEX (2. COLOR OR RACE (Usual pince & about) St. Ward. Mention of the year of year of the year of year of the year of year o	County WITHIN GORPONATE LI	MITE et
Length of residence in city or town where death occurred Q yrs Q ds. New long in U.S. If Mortagin in the number) 2. FULL NAME THOMAS WERST (a) Residence: No. New Management of the Name		No. Amor Jospital St. Ward
2. FULL NAME (a) Residence: No. New Journal Survey (b) Residence: No. New Journal Survey (c) Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) RONGEO (entrol be byed) 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 5. If manned, widowed, or divorced (c) WHE of the survey 6. DATE OF BIRTH (month), day, and year) 6. DATE OF BIRTH (month), day, and year) 7. AGE 8. IT rada, protession, or particular 8. E. Trada, protession, or particular 8. AGE 8. AGE 8. AGE 8. AGE 8. AGE 8. AGE 9. AGE 8. AGE 9. AGE 9	Length of rasidence in city or town where death occurredQ_yrs,Q_mos	death occurred in a hospital or institution give its NAME instant of the stant of
PERSONAL AND STATISTICAL PARTICULARS J. SEX M. (COLOR OR RACE WHITE S. SINGLE MARRIED, WIDOWED ON WH		
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE WHITE S. SINGLE, MARRIED, WIDOWED, OR PROCED (comic the wyde) OCCUPATION OF PROCED (comic the wyde) 1. DATE OF DEATH 2. DATE OF DEATH 3. DATE OF DEATH 4. DATE OF		St. Ward. New Steven Com.
3. SEX 4. COLOR OR RACE OR PYORCE OF SUPPORCED CONIC the wydd 5a. If married, widowed, or divorced (cot) wile of 5a. ONTE, or profession, or particular 7. AGE Years Months 1 day, hr. 1 day,		If nonresident give city or town and State
M HITE OR PROJECT Comme the wayed of Hussald Comme the wayed of Hussald Comme the wayed Hussald Comme the wayed of Hussald Comme	a ony	
So. It married, wydowed, or divorced HOSANOS Company (Address) So. DATE OF BIRTH (month, day, and year) Logy (Address) Logy (Logy (Lo	M WHITE OR DIVORCED (write the word)	2-28-,193 6
1 I last saw h alive on 19; death is sald to have occurred on the date stated above, at 0 30 P.m. The profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, Profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, Profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, Profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, Profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, Profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, Profession, or particular kind of work dome. as SPINNER, SAWER, BOOKEPER, etc. SAYTRAGE, PROFESSION, OR SPINNER, SAWER, SAWER, BOOKEPER, etc. SAYTRAGE, PROFESSION, OR SEMONAL OR PLANER, SAWER,	HUSBAND of (or) WIFE of Ray Kersey	(1641)
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: See Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEPER, etc. Self-industry or business in which work as done as SILK MILL, BANK, etc. 10. Date deceased last worked at this occupation month and 1/2 6 11. Total time (years) spentin this year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Centributery Causes of importance: Other Centributery Causes of importance: Other Centributery Causes of importance: Was there an autopsys 1/2 15. MAIDEN NAME Name of operation. Name of operation. Name of operation. Name of operation. Date of injury. Was there an autopsys 1/2 16. In also the following: Accident, suicide, or homicides Country. Specify whether injury occupied in INDUSTRY in HOME, or in PUBLIC PLACE (Address) 19. UNDERTAKER. Accident, suicide, or injury in any way related to occupation of deceased? 15. Operation. Registrar. (Address) 10. Date of onest. Accident, suicide, or homicides Country. Nature of injury occupied in INDUSTRY in HOME, or in PUBLIC PLACE (Signed) Manner of injury in any way related to occupation of deceased? If so, specify whether, injury one and injury of the causes of importance of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased?	6. DATE OF BIRTH (month, day, and year) Eling 3. 1904	I last saw h aliva on 10
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 2. Frindustry or business in which work was done as SILK MILL, WPA 3. SAW MILL, BANK, etc. 4. Saw Mill, BANK, etc. 4. Saw Mill, BANK, etc. 5. Saw Mill, BANK, etc. 6. Sate or country) 4. Saw Mill, BANK, etc. 6. Sate or country) 4. Saw Mill, BANK, etc. 6. Sate or country) 4. Saw Mill, BANK, etc. 6. Sate or country) 4. Saw Mill, BANK, etc. 6. Sate or country) 4. Saw Mill, BANK, etc. 6. Sate or country) 6. Sate or country) 7. INFORMANT 7. (Address) 7. Saw Mill, BANK, etc. 7. Saw Mill, BANK, etc. 8. BURIAL, CREMATION, OR REMOVAL 7. Place Club, And	Todays II LESS than	to have occurred on the date stated above, at 0.30 P.m.
SHINDERT ARE CELLS TOWN. SILM MILL BANK, etc. SAW MILL BANK, etc. SILM MILL BANK, etc		wera as follows:
Where did injury occurry occur	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stuck by Clylo- Date of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRNHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BIRIAL, CREMATION, OR REMOVAL Place Clear Country 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Converage Other Contributory Causes of importance: Other Contributory Causes of importance	Work was done, as SILK MILL, W A	
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place UM 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED Man 4, 1936 19. January (Address) (State or country) 19. UNDERTAKER (Address)	10. Date deceased last worked at this occupation (month and 2/2/36 spant in this year)	
13. NAME Therefore the sequence of the sequenc		Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Concord the suicide. Concord t		
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Concord the suicide. Concord t	Bour Ikure	
What test confirmed diagnosis? Was there an autopsy? Was disease or injury occur? Was disease or injury In any way related to occupation of deceased? Was disease or injury In any way related to occupation of deceased? Was disease or injury In any way related to occupation of deceased? Was disease or injury In any way related to occupation of deceased? Was disease or injury In any way related to occupation of deceased? Was disease or injury In any way related to occupation of deceased? Was disease or injury In any way related to occupati	(State or country)	
Where did injury occur? near Charles to Manner of Specify whether, injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Clew Haven Company 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address)	in the second second	
Where did injury occur? near Charles to Manner of Specify whether, injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Clew Haven Company 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address)	Herr Kender	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place User Haven 19. UNDERTAKER (Address)	State or country)	13 13
18. BURIAL, CREMATION, OR REMOVAL Place New Haven Compate Web 6, 1936 19. UNDERTAKER 1. U. Prapin (Address) Century Manuel (Address) Control (Signed) Control (Address) Control (Address)		(Specify city or town, county and State)
Place New Haven Compose Web 6, 1936 19. UNDERTAKER 1. U. Praprice (Address) Century Manager of injury times (By Carts, Justine Abell 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Starley A Justine (Address) (Address) (Address)		Highway Ofprite # 40
20. FILED Mar 4, 1936 J. Janual (Frage (Signed) Course (Address)	n = 11	
20. FILED Mar 4, 1936 James (Frage (Signed) Starley D. Jeffers M. D. (Address)		10 0 0 11
	20. FILED Mar 4, 1936 J. June Frager	(Signed) Sharley D. Jeffers M. D.

4 13 2 1 .

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance III. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
THE ATTOON				

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20 Paintening Pint No. 97
COh +	Registration Dist, No.
Village or City ECHUOL	No. Morpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	
2. FULL NAME Emil Seppenen	not a Veteran
(a) Residence: No. North East leed R. W.	>St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OBDIVORCED (write the word) OBDIVORCED (write the word)	21. DATE OF DEATH () (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Leman Leppanen. (or) WIFE of	22 HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) aug. 19 1897	Hast saw h im alive on Heb 14 1936; death is said
7. AGE Years Months Days I If LESS than	to have occurred on the data stated above, at 2.05 P.m.
38 5 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	2000s prilimonia ;
Down SAW MILL BANK atc	
11. Total time (years) this occupation (month and, 936. year) - 1266-11, 2936. 11. Total time (years) spant in this occupation 4.936.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Jinland	no information
13. NAME Paavo Leppener.	0
13. NAME (Paaro deppener. 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Kita Dorsa,	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ruta Sorsa, 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country) + calcul.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. dana depluser. (Address) North East lead R. D. 2	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place North East Led. Date Feb 17, 1936	Manner of Injury
0 4 4 6 9	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) may car, na	If so, specify Morrison M. C. Signed) Or Morrison M. C.
20. FILED SUN 17 , 1936 & Daws Troyer	(Address) Elaton, Med
,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1612
County Cicil	Registration Dist. No. 92
Village or City Elkton	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrsmos.	22. 22 1
2. FULL NAME aroline Rettell Budd	me neal
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. A 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 1/
Female White OR DIVORCED (rurite the word)	JEG 22 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
(or) WIFE of James N. Mc Meal	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Seht 17 1862	last saw h elive on FW 2/ 1936 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 a. m.
73 5 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were 39 follows:
9 Trade profession or particular	Julmonary Plethia: Date of onset
CAW MILL BANK ata	
10. Data deceased last worked et this occupation (month and yaar) this occupation contains the property occupation occupation.	
Coasheline No.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
Ē	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
al la la Wattall	What test confirmed diagnosis? Was there an autopsy?
na dia	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
The state of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Elkton Ind	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Laston Mo Date Trly 25, 1936	Nature of injury
19. UNDERTAKER LEKTON THE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 25, 1936 & Bran Frager Registrar.	(Signed) Herbert Boles M. D. (Address) Lekton, 2nd.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor-	·A		CERTIFICATE OF DEATH 1613
1111	-7	1. PLACE OF DEATH	107-a ×
tem of	3	County Cecil	Registration Dist. No.
item	Jo	Village or City pear Hacks bount	No. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
			ds. How long In U.S. if of foreign birth?yrsmosds.
AD. Every	statement	2. FULL NAME Harrielt hill	lian moore
\mathbb{C}	ate	(a) Residence: No.	St., Ward.
	ν _α	(Usual place of abode)	If nonresident give city or town and State
7	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT I		3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH February 26, 1936 (Month) (Day) (Year)
NEN	ified	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
0 4	700	(or) WIFE of	Feb 25 ,19 76, to Feb 26 ,19 76
BINI ERM EXA		6. DATE OF BIRTH (month, day, and year) April 24 1965	I last saw h. 42 alive on Feb 26 1936; deeth is seld
R E A P	erly	7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted ebove, at 11.50g.m.
FOF IS A state	properly certificate.	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
- 70	- 1	8. Trede, profession, or perticular kind of work done, as SPINNER,	
图 图		S. Heads, profession, or pericular in kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchopnenwourd 2 de
RV ould	may	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED G INK—THIS	on on	10. Date deceased last worked at this occupation (month and spant in this	
REGE	that ons o	O this occupation (month and spant in this occupation condition)	Other Coatributary Causes of importence:
Z	erms, so tha instructions	12. BIRTHPLACE (city or town) CRITIC HOSPITAL	
ARGIN JNFADI	ns, stru	(State or country)	
MAR		E 13. NAME Thomas So, Morel	
Z. S.	plain t	14. BIRTHPLACE (city or town) SACL) (State or country)	Neme of operation
E	pla t.	15. MAIDEN NAME MARY F. (Vase)	What test confirmed diegnosis?
, W	rin r tant.	15. MAIDEN NAME Mary J., (ase) 16. BIRTHPLACE (city or town) Le Carractes (State or country)	Accident, suicide, or homicide? Date of injury 19
C	F TH import	State or country)	Where did Injury occur?
		17. INFORMANT M. L. Moore	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
P. 6	OF D	(Address) Carlevelle, Ma. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ITE	SE	Place of Chequestin Grander 2/218/1986	Nature of injury
1 -WRITE	CAUS	10 HADEDTAKED TOTALLE	24. Was diseese or injury In any way related to occupation of deceased?
No. 1	TC	19. UNDERTAKER ATTACHER (Address) 900 18th A Amade	If so, specify
w m		20. FILED 7 sley 28 19 36 Devose	(Signed) A. R. Cuehling . M. D.
s Z	T	Registrar.	(Address) probablitum, Def.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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	OF MARYLAND—	CERTIFICATE OF DEATH 1614
1. PLACE OF DEATH		
County CO	0-1-	Registration Dist. No. 70
Village or City // East— C	remon	Ad. St., Wi death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where		ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME CUL	ie O. Pier	w ×
(a) Residence: No.		St., Ward.
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH 4
5a. If merried, widowed, by divortal	Midow	(Month) (Oay) (Year)
HUSBANO of Cor) WIFE of	. B. Piesco	22. I HEREBY CERTIFY, That Lettended deceased f
6. DATE OF BIRTH (month, day, and year)	Dec, 11 at 1860	I last saw h alive on Felt 2 1936; death is
7. AGE Years Months	Deys If LESS than	to have occurred on the date steted above, at
75 2	2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEPPER etc.	1/	A
SAWYER, BOOKKEEPER, etc	rousinge	Cerebras Herrsonohage
work was done, es SILK MILL, SAW MILL, BANK, etc.		J
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Carl	& Grid.	Other Coutributory Causes of importance:
(State of Course)	1.	arlerio Selvosio -
13. NAME 13. NAME	tustio	
4 14. BIRTHPLACE (city or town)	& Ca had	Name of operation Oate of
v (State of County)	11 0 11	What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME CALLETT	Hustell	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	e(0. 100.	Accident, suicide, or homicide?
17. INFORMANT Mrs Cosnell	is It Dario	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The raddle to	m Del B. Z. S.	
Place exillog truete	7 Oate del 16 - 1936	Manner of injury
19. UNDERTAKER John & G	phage	24. Was disease or injury in any way related to occupation of deceased?
(Add Chaille	toland.	If so, specify
20. FILED (7804/5, 1936	A Privale	(Signed)
	Registrar.	(Address) - Luxblum MA

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 4 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Exact statement

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MADVI AND CEDTIFICATE OF DEATH

		IN MAK	TLAND	CERTIFICATE OF DEATH	1615
1. PLACE OF				83 18	* '/] ()
	Cecil			Registration Dist. No.	96
Length of reside	ence in city or town where	death occurred	yrsomos	death occurred in a hospital or institution, give its NAME instead of street and control of the	.mosds.
2. FULL NAM	E RENNER,	Michae	1 F. C-1	576 044 U. S. Veteran, specify WAR World Wa:	r
(a) Residence	e: No. 3217 E	SelAir Ro (Usual place	ad, Baltimo	ore St., Md. Ward. If nonresident give city or town as	nd State
	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Mal e	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 10 (Month) (Day)	, 193 6 • (Year)
5a. If married, widowed HUSBAND of	d, or divorced	10.00			
(or) WIFE of	Unknown			22. i HEREBY CERTIFY, Thet i ettende August 3 ,19 32 to February 1	d deceased from
6. DATE OF BIRTH (n	nonth day and year)		1899	last saw h im elive on February 10 19 3	
7. AGE Years	Months .	Deys	If LESS than I day,hrs.	to have occurred on the date stated above, et 6:35. A.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance	, 40001113 3814
	ion, or particular	Iron Worl	ormin.	General Paralysis of the Insane,	Date of onset
9. industry or bi			7.01.	Cerebral Type.	1931
10. Date deceesed		spe	time (years) ent in this upation		
12. BIRTHPLACE (city (State or count		ore, Md.		Other Contributory Causes of importence: Bronchopneumonia.	2-8-36
13. NAME	Unknown				
14. BIRTHPLACE (nown		Neme of operation None Dete of What test confirmed diegnosis? Laboratory Was there as	
15. MAIDEN NAM	E Unk	nown		23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following	
16. BIRTHPLACE ((city or town)Unk	nown		Accident, suicide, or homicide? Date of injury Where did injury occur?	,19
(Address)	Hospital Rec			(Specify city or town, county and Signerify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC f	tate) PLACE,
	on Park Ceme		2-11, 19 36	Menner of injury No. injury Neture of injury	
	imore, Mi. / Madison Mi		allhebett	24. Wes disease or injury in any way related to occupetion of deceased?	No
	lavre de Spac		Cocustad Rep Registrar.	(Signed) Perry Point, Md.	tor. M. D.

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V. S. No. 1

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Chronic interstitial nephritis 14 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
The Control of the Co			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH ACE OF DEATH ounty ___ Ceci 1 Registration Dist. No. fillage or City Veterans' Administration Facility, Perry Point, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number) 2 mos. 6 ds. How long in U.S. if of foreign birth? yrs. _____mos.____ds. ength of residence in city or town where death occurred... ULL NAME HOE, John H. C-1 803 933 If U. S. Veteran, specify WAR World War 6046 Vickery Blvd., Dallas, Texas. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 4 COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) 6. le white Single rried, widowed, or divorced SBANO of I HEREBY CERTIFY. That I attended deceased from Single 19 35 to February 13 19 36 Hast sawh im alive on February 13 19 36 : death is said OF BtRTH (month, day, end yeer) October 27, 1887 to have occurred on the dete stated above, ap: 28 A m Years Months Davs If LESS than f day, hrs. 48 3 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onest Trede, profession, or particular Cancer at base of tongue with kind of work done, as SPINN Following the Horses" metastases, involving adjacent Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... structures occuf 10. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month and veer) occupation --California 12. BfRTHPLACE (city or town) (Stete or country) Thomas Gordon Ord FATHER f3. NAME None 14. BIRTHPLACE (city or town) New York State Name of operation ... (State or country) What test confirmed diegnosis? Laboratory ... Was there an autopsy? No MOTHER 15. MAIOEN NAME Nettie Buck 23. If death was due to external causes (VIOLENCE) fill in also the following: Missouri Accident, sulcide, or homicide? Date of injury f9. f6. BIRTHPLACE (city or town) ____ Where did injury occur? No injury (State or country) (Specify city or town, county and State) Hospital Records Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,

Perry Point. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Piece Washington, D. C. Oete Feb. 14 19. UNDERTAKER R. Madison Mitchell. (Address) Havre de Grace.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) -- O ---DAVIS .. Clinical Tirector.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury ___

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes pare of orset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1027 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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PLACE OF DEATH	STATE OF MARYLAND
County Cul	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS	Registration Dist. No.
Village or City Ullu (No. No.	Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME Van Fulu Robe	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, OR DIVORGED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 DAZE OF BIRTH	17 I HEREBY CERTIFY, That (a)tended the deceased from
lest 21, 189	1 m 10 1936 to let 5 1936
(Month) (Day) (Year)	that last saw h last s
7 AGE IIILESS tha	
44 yrs. 3 mos. 15 ds. or min.	
8 OCCUPATION	Chronic Cholesyphiles - 3
(a) Trade, profession or particular kind of work	murio Males 4/21 Chulyppledum.
(b) General nature of industry	The state of the s
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstion) yrs, mos. 2 Losses
10 NAME OF FATHER	(Signed) the Curlingle M. D.
U BIRTHPLACE	- fel 5 1936 (Address) lute and
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) Originia 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WILLIAM LEMMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) Viginia	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
11/0/1/10 G / Sofre Trees	Former or usual residence.
(Informant) VULLIVIA (MILLIA)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (lelasce Mala	Christian lung. Va, Felt 8. 1936.
	20 UNDERTAKER ADDRESS
15 - 10 - 1 - 10-21	27100
Filed 2 - 6 1978 Muinton Registrar	4.6. Tyson. Rising dun Md
Filed 2 - 6 1986 Municipy Registrar	2/10

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," etc., warner, laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Physician, first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Salesman, (b) -Coal minc, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetunus) may be stated under the head of "contributory." American Medical Association.) approved by (Recommendations on statement of cause of death accident; Aprolier wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition, "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; inges, 'perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., scpsis, carbolic acid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as accidental, suicidal of homicidal, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all ", Uraemia, causing death), 29 ds.; L (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease " "Marasmus," "Old Age," "Shock," -probably suicide. The nature of the injury, Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular heart The contributory not be discase;

If this certificate is looked over thoroughly and a'l questions answered in detall it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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FOR	
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WRITE

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No Ward Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos.. Length of residance In city or town where death occurred. statement (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, (Month) (Day) (Year) 5a. If marriad, widowed, on divorced HUSBAND of I HEREBY CERTIFY. That J attended deceased from (or) WIFE of Y EX certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Days If LESS than to have occurred on the data stated above, at stated 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end ralated causes of importanca or_____min. Data of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, pe Jo SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which plnods may work wes done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total tima (yaars) On this occupation (month and spent in this AGE that oc:upation instructions Other Contributory Causes of Importance 80 12. BIRTHPLACE (city or town (State or country) supplied. plain terms, FATHER See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_ MOTHER mportant. 15. MAIDEN NAME in 23. If death was due to externel causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL. CREMATION. Manner of injury CAUSE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH	STATE OF MARYLAND
County (leel	(150) CERTIFICATE OF DEATH
Village or City Mother (No	Registration Dist. No. St.: Ward) (If death occurred in a hospitual er institution, give Its NAME Instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple Colored Single, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Opril 25 (Month) (Day) (Year)	IS DATE OF DEATH (Nonth) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 1936 to 346 15 ,1936 that I last saw has alive on 346 12 , 1936
7 AGE Grade Grade	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory January Secondary (Duration) yrs mos 7 ds
10 NAME OF FATHER Wallaws 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) wheeher Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death yis mos ds In the State yis mass ds. Where was disease contracted, if not at place of death?
(Address) Cla Harmaglins (Address) Cla Harmaglins (Address) Cla Harma	19 PLACE OF DURIAK OR REMOVAL) 19 PLACE OF DURIAK OR REMOVAL) 19 PLACE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more b.anks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise section wine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foroman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Salesman. (b) Locomotive engineer, material Grocery,

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, mendimus) may be stated under the head of "contributory" Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. affection need not be Nomenclature of the The contributory

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